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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | Docket Number Q81096 Confirmation Number 4963 | |
| Application Number | 10/823,654 | Filing Date | April 14, 2004 |
| For | CLEANING SHEET, CARRYING MEMBER WITH A CLEANING FUNCTION AND METHOD OF CLEANING SUBSTRATE PROCESSING EQUIPMENT | | |
| Art Unit | 1761 | Examiner Name | Lorna M. Douyon |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$130.00 | \$65.00 |
| <input checked="" type="checkbox"/> | Two month (37 CFR 1.17(a)(2)) | \$490.00 | \$245.00 |
| <input type="checkbox"/> | Three month (37 CFR 1.17(a)(3)) | \$1110.00 | \$555.00 |
| <input type="checkbox"/> | Four month (37 CFR 1.17(a)(4)) | \$1730.00 | \$865.00 |
| <input type="checkbox"/> | Five month (37 CFR 1.17(a)(5)) | \$2350.00 | \$1175.00 |
| <input type="checkbox"/> | Previous Payment Amount | Date Submitted | |
| <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27 | | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | | |
| <input checked="" type="checkbox"/> | Payment by credit card. | | |
| <input type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880. | | |
| I am the | <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,121</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34 _____ | | |
| <small>WASHINGTON DC SUGHRUE/265550</small> 65565 <small>CUSTOMER NUMBER</small> | | | |
| _____ /Keiko K. Takagi/ Signature | | _____ November 29, 2010 Date | |
| _____ Keiko K. Takagi Typed or printed name | | _____ (202) 293-7060 Telephone Number | |
| Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input checked="" type="checkbox"/> | Total of <u>1</u> form is submitted. | | |